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CONFIRMATION NO. 4547

<b>SERIAL NUMBER</b> 09/960,706	<b>FILING OR 371(c) DATE</b> 09/24/2001 <b>RULE</b>	<b>CLASS</b> <del>435</del> 72	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 044921-5029-01
<b>APPLICANTS</b> William E. Munger, Gaithersburg, MD; Prakash Kulkarni, Gaithersburg, MD; Robert H. Getzenberg, Pittsburgh, PA; Iwao Waga, Yokohama, JAPAN; Jun Yamamoto, Yokohama, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/873,319 06/05/2001 ABN which claims benefit of 60/223,323 08/07/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MG</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 54
<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 9629				
<b>TITLE</b> Identifying drugs for and diagnosis of benign prostatic hyperplasia using gene expression profiles				
<b>FILING FEE RECEIVED</b> 2070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	